
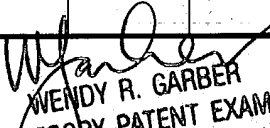
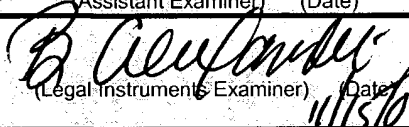


|  |                 |                 |  |
|--|-----------------|-----------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)    |  |
|  | 09/406,882      | BURNS, PETER D. |  |
|  | Examiner        | Art Unit        |  |
|  | Justin P Misleh | 2612            |  |

| ISSUE CLASSIFICATION         |   |          |   |       |                    |                                   |  |  |  |
|------------------------------|---|----------|---|-------|--------------------|-----------------------------------|--|--|--|
| ORIGINAL                     |   |          |   |       | CROSS REFERENCE(S) |                                   |  |  |  |
| CLASS                        |   | SUBCLASS |   |       | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |
| 348                          |   | 263      |   |       | 348                | 222.1                             |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   |       | 382                | 294                               |  |  |  |
| H                            | 0 | 4        | N | 9/093 |                    |                                   |  |  |  |
| H                            | 0 | 4        | N | 5/228 |                    |                                   |  |  |  |
| G                            | 0 | 6        | K | 9/32  |                    |                                   |  |  |  |
|                              |   |          |   | /     |                    |                                   |  |  |  |
|                              |   |          |   | /     |                    |                                   |  |  |  |

|  |  |                             |
|--|--|-----------------------------|
| Justin Misleh 11/10/2004<br>(Assistant Examiner) (Date)  | <br><b>WENDY R. GARBER</b><br>SUPERVISORY PATENT EXAMINER<br>TECHNOLOGY CENTER 2600<br>(Primary Examiner) 11/15/04 (Date) | Total Claims Allowed: 35    |
| <br>(Legal Instruments Examiner) (Date) |  | O.G.<br>Print Claim(s)<br>1 |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
| 1  | 1        | 31                           | 31       | 61                            | 91       | 121                             | 151      |
| 2  | 2        | 32                           | 32       | 62                            | 92       | 122                             | 152      |
| 3  | 3        | 33                           | 33       | 63                            | 93       | 123                             | 153      |
| 4  | 4        | 16                           | 34       | 64                            | 94       | 124                             | 154      |
| 5  | 5        | 17                           | 35       | 65                            | 95       | 125                             | 155      |
| 6  | 6        | 18                           | 36       | 66                            | 96       | 126                             | 156      |
| 7  | 7        | 19                           | 37       | 67                            | 97       | 127                             | 157      |
| 8  | 8        |                              | 38       | 68                            | 98       | 128                             | 158      |
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| 10   | 10       |                              | 40       | 70                            | 100      | 130                             | 160      |
| 11   | 11       |                              | 41       | 71                            | 101      | 131                             | 161      |
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